

UNITED STATES DEPARTMENT OF COMMERCE **Patent and Trademark Office**

Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

09/763,607

FIRST NAMED APPLICANT APPLICATION NUMBER FILING DATE ATTORNEY DOCKET NO.

> EXAMINER Ponnalun' ART UNIT PAPER NUMBER 1639 112905

	1001 11-100
	DATE MAILED:
INTERVIE	EW SUMMARY
All participants (applicant, applicant's representative, PTO personnel):	
(1) Exm. Ponnalyri	Appliants attorney Martha Cassidy M
(2) Exm-Tran - Mg	(4) Issued Wolfgan Weiss
Date of Interview	Inventor Sthathler
Type: ☐ Telephonic ☐ Personal (copy is given to ☐ applicant	applicant's representative).
Exhibit shown or demonstration conducted: Yes No If yes, br	ief description:
Brochure explaining The invention & a	blank biochip.
Agreement was reached. was not reached.	
Claim(s) discussed:	*** *** *** *** *** *** *** *** *** **
Identification of prior art discussed: <u>Guate et al</u> , Ce	ernina etal
	nt was reached, or any other comments: Applicants have attorney has improved that priority downer
	not be prior art. Applicants attorney has that the instant application claims are
diferent from the Cerrina - by reciting parties of light source (Afuller description, if wecessary and a copy of the amendments, if a	vallable, which the examiner agreed would render the claims allowable uld render the claims allowable is available, a summary thereof must be
1. \square It is not necessary for applicant to provide a separate record of	the substance of the interview.
Unless the paragraph above has been checked to indicate to the cont IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE II action has are ready been filed, APPLICANT IS GIVEN ONE MONTH SUBSTANCE OF THE INTERVIEW.	rary. A FORMAL WRITTEN RESPONSE TO THE LAST OFFICE ACTION NTERVIEW. (See MPEP Section 713.04). If a response to the last Office FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE
	ce action, and since the claims are now allowable, this completed form ce action. Applicant is not relieved from providing a separate record of
Examiner Note: You must sign this form unless it is an attachment to a	nother form.

FORM PTOL-413 (REV.1-96)